

## Health Savings Account Instructions

If you are eligible and elect to participate in the district health insurance plan, you must set up a health savings account with Liberty Bank in order to receive any district share of the deductible (*if applicable*).

1. Complete the attached Liberty Bank form and return to Central Office along with any other necessary insurance forms.
2. Liberty Bank will contact you to complete set up of your health savings account. The local branch is 357 Main Street in Durham. They will arrange to have you come in and sign any remaining account establishment documents.
3. Once your account is established, you may set up direct deposit into your HSA account.

Depending on your union group, the board will deposit any district share of the deductible into your account at a predetermined date (*subject to contract language*).

*For more information about Health Savings Accounts and calendar year limits please visit [www.irs.gov](http://www.irs.gov)*



## HSA | CUSTOMER IDENTIFICATION CERTIFICATION

REQUIRED CUSTOMER INFORMATION – HSA ACCOUNT OWNER			
Customer Name:		Date of Birth:	
Residential Street Address: <i>(Physical address; no P.O. Box)</i>	Address		
	City	State	Zip
Mailing Address: <i>(if different than above)</i>	Address		
	City	State	Zip
Home Phone #:	Work Phone #:	Cell Phone #:	
Email:		Mother's Maiden Name:	
Employer <i>(Company)</i> :		Occupation <i>(Job Title)</i> :	
Phone PassPhrase:			
Taxpayer Identification Number (U.S. Person):			
<b>Non-U.S. Person Identification Number</b>	Check which applies:		
	<input type="checkbox"/> Passport Number & Country of Issue:		
	Number:	Country:	
	<input type="checkbox"/> Alien Identification Card Number:		
	<input type="checkbox"/> Taxpayer Identification Number:		
	<input type="checkbox"/> Number & Country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph of similar safeguard:		
Number:	Country:		
<b>Politically Exposed Person (PEP)?</b> <i>A Politically Exposed Person generally includes a current or former senior foreign political figure, their immediate family, and their close associates.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If <u>YES</u>, complete the following. If <u>NO</u>, skip to next section.</b>		
	PEP's Full Name:		
	Relation to PEP: <input type="checkbox"/> Self <input type="checkbox"/> Immediate Family <input type="checkbox"/> Close Associate		
	Title:	Country/State:	
DOCUMENT(S) USED TO VERIFY THE ABOVE INFORMATION			
<input type="checkbox"/> Driver's License	State:		Number:
	Issue Date:		Expiration Date:
<input type="checkbox"/> Passport	Country:		Number:
	Issue Date:		Expiration Date:
<input type="checkbox"/> Alien Registration Card	Number:		
	Issue Date:		Expiration Date:
<input type="checkbox"/> Other Document Used	Name of Document:		
	Name of Issuer:		
	Identifying Number:		
	Issue Date:		Expiration Date:
	<input type="checkbox"/> Has Photo <input type="checkbox"/> Contains Signature		

DESIGNATION OF HSA BENEFICIARY(IES)			
Beneficiary Name		Percentage	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Relationship to Account Owner	Address		
Date of Birth	City	State	Zip
Beneficiary Name		Percentage	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Relationship to Account Owner	Address		
Date of Birth	City	State	Zip
Beneficiary Name		Percentage	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Relationship to Account Owner	Address		
Date of Birth	City	State	Zip

REQUIRED CUSTOMER INFORMATION – HSA AUTHORIZED SIGNER (Complete this section only if adding an Authorized Signer)			
Customer Name:		Date of Birth:	
Residential Street Address: <i>(Physical address; no P.O. Box)</i>	Address		
	City	State	Zip
Mailing Address: <i>(if different than above)</i>	Address		
	City	State	Zip
Home Phone #:	Work Phone #:	Cell Phone #:	
Email:		Mother's Maiden Name:	
Employer <i>(Company)</i> :		Occupation <i>(Job Title)</i> :	
Phone PassPhrase:			
Taxpayer Identification Number (U.S. Person):			
<b>Non-U.S. Person Identification Number</b>	Check which applies:		
	<input type="checkbox"/> Passport Number & Country of Issue:		
	Number:	Country:	
	<input type="checkbox"/> Alien Identification Card Number:		
	<input type="checkbox"/> Taxpayer Identification Number:		
	<input type="checkbox"/> Number & Country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph of similar safeguard:		
Number:		Country:	
<b>Politically Exposed Person (PEP)?</b> <i>A Politically Exposed Person generally includes a current or former senior foreign political figure, their immediate family, and their close associates.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If <u>YES</u>, complete the following. If <u>NO</u>, skip to next section.</b>			
PEP's Full Name:			
Relation to PEP: <input type="checkbox"/> Self <input type="checkbox"/> Immediate Family <input type="checkbox"/> Close Associate			
Title:		Country/State:	

**REQUIRED CUSTOMER INFORMATION – HSA AUTHORIZED SIGNER (Complete this section only if adding an Authorized Signer)**  
**DOCUMENT(S) USED TO VERIFY THE AUTHORIZED SIGNER'S INFORMATION**

<input type="checkbox"/> Driver's License	State:	Number:
	Issue Date:	Expiration Date:
<input type="checkbox"/> Passport	Country:	Number:
	Issue Date:	Expiration Date:
<input type="checkbox"/> Alien Registration Card	Number:	
	Issue Date:	Expiration Date:
<input type="checkbox"/> Other Document Used	Name of Document:	
	Name of Issuer:	
	Identifying Number:	
	Issue Date:	Expiration Date:
	<input type="checkbox"/> Has Photo <input type="checkbox"/> Contains Signature	

**HSA SELECTIONS**

Plan Selection:  Individual Insurance Plan     Family Insurance Plan

Health Savings Account Options:  HSA Debit     HSA Checks

I hereby certify that I have made a visual comparison of the person and identification presented for a reasonable determination that the person and identification are indeed the same and that the above customer information is correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Agent     Bank Employee